Choledochal cyst is a rare disease of the biliary tract. There are five main types of choledochal cysts with a few recognized sub-types. The etiology of choledochal cysts still is unclear. The incidence of biliary tract cancer in patients with choledochal cysts increases with age. In the past, choledochal cysts were often treated using drainage procedures; however, the optimal treatment used today is likely to involve the complete excision of the extrahepatic duct, cholecystectomy, and Roux-en-Y hepaticojejunostomy. Endoscopic treatment of type III choledochocoele should be limited to the management of smaller lesions. We report a case of an 84 years old patient with distal choledochal diverticulum, Todani's type III- choledochocele. Delay in the diagnosis increases the frequency of associated biliary pathology, malignant alternation and suboptimal surgical therapy. Often, intraoperative finding of choledochal cyst is the first contact with this rare entity, so awareness of possible presence of this uncommon disease is very important for surgeon. © 2011 Association of Basic Medical Sciences of FBIH. All rights reserved

KEY WORDS: common bile duct, choledochal cyst, cholangiography
mon presenting symptom in adult cases, most had nonspecific clinical symptoms. The incidence of biliary tract cancer in patients with choledochal cysts increases with age [9]. In the past, choledochal cysts were often treated using drainage procedures; however, the optimal treatment used today is likely to involve the complete excision of the extrahepatic duct, cholecystectomy, and Roux-en-Y hepaticojejunostomy [10]. Results confirm the need for complete early excision of type I, II and IVa cysts at all ages before severe complications can occur. Endoscopic treatment of type III choledochocele should be limited to the management of smaller lesions.

CASE REPORT

A 75-year-old woman was admitted to surgical department of Clinical center in Kragujevac because of epigastric pain and constipation. The first complaints appear 3 months before admitting. Patient was admitted on Clinic for Internal Diseases, Gastroenterology Department for further diagnosis and treatment. Ultrasound scan showed presence of intrabiliary calculosis in distal choledoch and surgery was required. At physical examination, her blood pressure was 120/70 mmHg, her pulse was 80 beats/min, her body temperature was 37°C, and her skin and sclera were not yellow-stained. She had tenderness in the epigastric region with right hypochondrial pain, without peritoneal reaction, Murphy’s sign was negative and the choledochal cyst was not palpable. Laboratory tests revealed 10.4 × 10^9/L white blood cells, 3.23 × 10^12/L red blood cells, hemoglobin 96g/L, platelets 386 × 10^12/L, 52 IU/L blood amylase, 26.1 μmol/L total bilirubin and 11.3 μmol/L direct bilirubin, 66 IU/L alkaline phosphatase, AST 36 IU/L, ALT 35 IU/L, total protein 60g/L. Abdominal ultrasound showed suspicious gallbladder tumor and calculosis of distal choledocho duct (Figure 1). The patient received routine preoperative treatment after that surgery was performed. Intervention has consisted of right sub costal laparotomy, retrograde cholecystectomy, extraction of solitary calculus from distal choledoch with

FIGURE 1. Ultrasound findings

CONCLUSION

Choledochal cyst is probably congenital disease and this is very unusual case because this patient hasn’t had any complaints during 75 years of life. Her general condition with many co-morbidities as severe cardiomyopathy, bronchial asthma, Parkinson’s disease and senile dementia didn’t allow radical intervention, i.e. excision of the extrahepatic bile duct and restoration of biliary-enteric communication by a Roux-en-Y hepaticojejunostomy or choledochojejunostomy which is recommended treatment. Choledochal cysts should be considered in the differential diagnosis in all patients with a history of biliary colic pain, intrabiliary calculosis, mechanical jaundice and dilatation of bile duct, especially in younger patients. Delay in the diagnosis increases the frequency of associated biliary pathology, malignant alternation and suboptimal surgical therapy. Often, intraoperative finding of choledochal cyst is the first contact with this rear entity, so awareness of possible presence of this uncommon disease is very important for surgeon.

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DECLARATION OF INTEREST

The authors declare that they have no competing interests.

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